

CDC—Prescription Drug Overdose Prevention

FY 2015 President's Budget Request | \$15.6 Million

Equipping States to Respond to the Prescription Drug Overdose (PDO) Epidemic through CDC's Core Violence and Injury Prevention Program (Core VIPP)

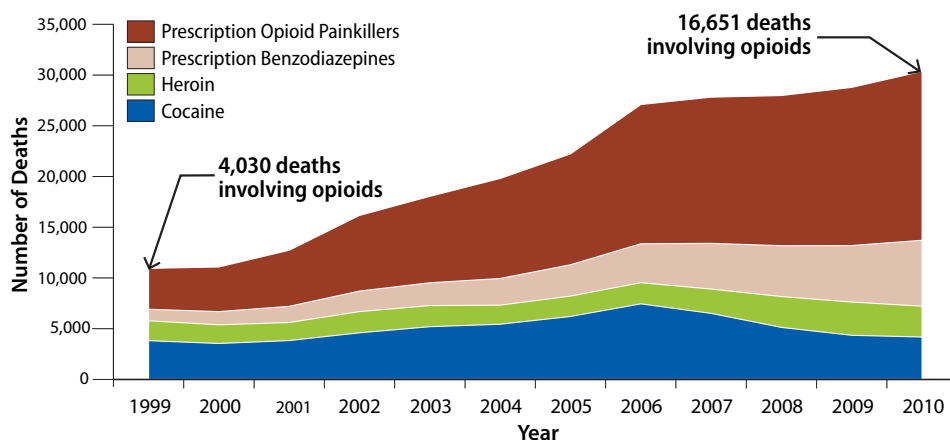
States play a central role in responding to the PDO epidemic through their data systems, programs, and policies. CDC supports states' efforts by providing the science and resources to address the key drivers of the epidemic: high-risk prescribing and high-risk prescription drug use.

CDC's Core VIPP program builds state health department capacity to address violence and unintentional injuries. Core VIPP activities include identifying public health burden focus areas through surveillance data and identifying and implementing interventions to address problems. The Core VIPP program serves as an effective mechanism to assist states in responding to the PDO epidemic within their borders.

Why We're Here

- More than 60 people die every day in the United States from overdosing on prescription drugs.
- PDO death rates now outnumber deaths from all illicit drugs—including heroin and cocaine—combined.
- PDO death rates quadrupled in just ten years (1999-2010), claiming more than 16,600 lives in 2010.
- Prescription opioid abuse resulted in more than 400,000 emergency department visits in 2011, and cost health insurers an estimated \$72 billion annually in medical costs.

Overdose deaths involving opioid painkillers have quadrupled since 1999



In FY 2015, CDC requests an increase of \$15.6 million to fund state-level PDO prevention efforts to curb the devastating effects of this epidemic.

With this increased investment, CDC will:

- Expand the Core VIPP program to include additional states with a high burden of PDO, requiring that newly funded states include PDO as one of their focus areas for violence and injury prevention activities.
- Fund and provide scientific assistance to a subset of Core VIPP states (selected based on PDO burden and readiness to implement prevention strategies) to focus on implementation of specific interventions aligned with the following priority areas for investment:
 - » Assisting insurers and clinicians in improving coordination of care for patients at high-risk of overdose—i.e., evaluating insurance innovations such as allowing Medicaid programs to restrict patients at risk for overdose to a single designated provider, pharmacy, or both.
 - » Supporting development and effective use of prescription drug monitoring programs (PDMPs), state-run databases used to track the prescribing and dispensing of controlled prescription drugs.
 - » Evaluating programs and policies to build the evidence base for overdose prevention, including laws that regulate pain clinics or those that encourage bystanders to summon emergency responders to assist someone who has overdosed without fear of arrest or other negative legal consequences (Good Samaritan laws).



For more information, please visit www.cdc.gov/budget

Centers for Disease Control and Prevention

